		Application or Docket Number										
	PATENT	RD		1								
			10	7	65	10-8	<u>/</u>					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	ENT	τγ ]	OR		R THAN ENTITY
TOTAL CLAIMS						•	RAT	E	FEE	7	RATE	FEE
FOR			NUMBER FILED N			BER EXTRA	BASIC	FEE 3	85.00	OR	BASIC FEE	<del> </del>
TC	OTAL CHARGE	ABLE CLAIMS	6 minus 20=		* 0		X\$ 9	=		OR	X\$18=	
INE	DEPENDENT C	CLAIMS	minus 3 = *				X43			OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P									•.	
* If the difference in column 1 is less than zero, enter "0" in column 2							+145			OR	+290=	
·							TOTA	<i>ا</i> ل ال		OR	TOTAL	770
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMAI	L ENT	TITV	OR	OTHER	
		CLAIMS		(Column 2) (Column 3)			S.MAI		DDI-	7 I	SWALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RATE	E TIC	DNAL EE		RATE	TIONAL
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
AME	Independent	*	Minus	<u> </u>		=	X43=	7		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=				+290=	<del></del>
	1, 4						TOT			OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							E L		OR,	ADDIT. FEE	
_	CLAIMS			(Column 2) (Column 3)				I Ar	DI-	Г		ADDI-
NDMENT B	·	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RATE	TIC	NAL EE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
AMEN	Independent	*	Minus	***		=	X43=	<del>                                     </del>		İ	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							+145=			OR	+290=	
								E		OR A	TOTAL DDIT. FEE	
	·	(Column 1)		(Colum		(Column 3)				•		
C		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE	AD TIO	NAL		RATE	ADDI- TIONAL
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	Independent	*	Minus	***		=	X\$ 9=			OR	X\$18=	•
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=	<u> </u>		OR	X86=	
							+145=			OR	+290=	.
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE	
T	tne "High st Nur he "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THIS I For" (Total or	S SPACE is independent	less thar t) is the	1 3. enter "3."			ite box			